

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. /10/582/132/ FILING DATE

APPLICATION(S)

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER LAST AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER LAST AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/2					53						
4	①	1					54						
5	1	①					55						
6	①	1					56						
7	1	①					57						
8	①	1					58						
9	①	6					59						
10	1						60						
11		/2					61						
12		/2					62						
13	①	1					63						
14	1	①					64						
15	①	1					65						
16	1	①					66						
17	①	1					67						
18	①	1					68						
19	1	①					69						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓			↓				↓				
TOTAL DEP.	16	←			←				↓				
TOTAL CLAS(S)	18	██████████	██████████	██████████	██████████	██████████			←				